

The Human Cost of America's Not-So-Smart Sudan Sanctions

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For some twenty years, Sudan has been the target of United States sanctions which have not only blocked assets of the government, but imposed what is tantamount to a comprehensive trade embargo on the East African country. The sanctions have piled up over the years: to the original set imposed by President Bill Clinton in the 1990s to punish the regime in Khartoum for its support of international terrorism (Osama bin Laden lived there until 1996), additional measures were added by President George W. Bush and the U.S. Congress a decade later in response to human rights abuses in the Darfur region. While the extent to which these punitive measures have been effective in achieving their various objectives is highly debatable--as is, nowadays, the country's continued legal designation as a "state sponsor of terrorism" given that the most recent version of State Department's own annual terrorism report determined that the Sudanese government "remained a generally cooperative counterterrorism partner and continued to take action to address threats to U.S. interests and personnel in Sudan"--what is undeniable is that having taken applied a blunt instrument at a problematic authoritarian regime, the United States has also taken a very real human toll on some vulnerable groups unfortunate enough to be caught in the middle.

Take, for example, Sudan's breast cancer victims. Since 2000, cancer has jumped from the tenth to the second most common cause of death in the country. Among Sudanese women, breast cancer accounts for 35 percent of all cancer diagnoses. With the exception of the very small number of wealthy patients who can travel abroad for medical attention, the only option is the Khartoum Breast Care Centre (KBCC), a state-of-the-art non-profit hospital founded and run by Dr. Hania Morsi Fadl, a British-trained radiologist, and funded by the Mo Ibrahim Foundation. The facility, which provides screenings, diagnosis, and treatment for patients from Sudan and neighboring countries at affordable, subsidized, or even no costs, uses medical equipment originally purchased from General Electric (GE)--and therein lies the challenge.

In February 2014, the KBCC signed a service contract with GE to secure parts as well as ongoing support for the equipment it had, including digital mammography, anesthesia, and ultrasound imaging machines. Because of the sanctions regime, it then became GE's responsibility to obtain a license to authorize the transaction from the U.S. Treasury Department's Office of Foreign Asset Control (OFAC), a little-known, but powerful federal agency that is charged with implementing trade and other economic sanctions. After months of delays caused by the complex documentations requirements, GE finally submitted a license application in November 2014 covering only a single Senographe DS, a versatile mammography machine that can be used for surgery as well as screening and diagnosis.

Despite significant efforts not only by GE, but also a number of other concerned individuals and entities, the standard three-month license review period came and went in February with no response from OFAC to the application. In early March, Dr. Hania made a plea to a rare U.S. diplomat visiting Khartoum, Deputy Assistant Secretary of State for Democracy, Human Rights, and Labor Steven Feldstein. Later that same month, while visiting Washington, she also appealed the Office of the Special Envoy for

Sudan and South Sudan to intervene with Treasury. Finally, just earlier this month representatives from GE's healthcare division called Dr. Hania to tell her that they had finally received an OFAC license to go forward with the servicing of the one mammography machine.

Dr. Hania, a Fellow of the Royal College of Radiology who has long fought cultural taboos that blocked discussions of breast cancer and other women's health issues, is a naturally energetic and upbeat person, but she could not help let slip the note of sadness--and a flash of anger--in discussing her experience of America's sanctions regime. Demand is so high that KBCC works virtually around the clock, so, when fully functional, the mammography machine screens an average of 9,600 people per year, 98 percent of whom have no access to equivalent medical care elsewhere. In fact, she told me that were it not for the sanctions and the slow OFAC license process, she would have purchased additional new mammography machines from GE this year.

Worse, absent needed parts and servicing, the unit that was the object of the OFAC license application actually broke down in April, meaning that 385 patients who were scheduled to be tested using the equipment could not be served. Statistically, 49 of them can be assumed to have been cancer patients whose disease went undiagnosed. "Every morning, distressed crowds turned up to see it they can be treated," she told me. "Instead the golden time of treatment for some patients was wasted on a growing waiting list and some will die waiting for their turn."

While the license just granted is a step forward, it doesn't cover KBCC's maintenance needs for its other GE equipment, including two anesthesia and two ultrasound machines. As a physician, Dr. Hania is especially worried about the risks posed by the lack of regular servicing and calibration of these units, noting that they can be life-threatening if gas levels are not accurately ascertained during surgery.

The Obama Administration's new National Security Strategy places an unprecedented emphasis on sanctions as an instrument of national power, affirming that "targeted economic sanctions remain an effective tool for imposing costs on those irresponsible actors whose military aggression, illicit proliferation, or unprovoked violence threaten both international rules and norms and the peace they were designed to preserve." Irrespective of whether that assertion is true or not, it is clear from the case of KBCC and the breast cancer patients in Sudan that significant work needs to be done to keep the corollary promise made in the same document that "our sanctions will continue to be carefully designed and tailored to achieve clear aims while minimizing any unintended consequences for other economic actors, the global economy, and civilian populations." Until the OFAC process is streamlined, communications with applicants and other stakeholders improved, and decision-making and response times cut, America's not-so-smart sanctions on Sudan will continue to extract an unacceptably high human cost for what is, at best, ambiguous strategic achievements.

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